

**GRANT PAYMENT REQUEST**

CIWMB 87 (Rev. 3/04)

**Complete the information requested**

1. GRANTEE NAME (AS APPEARS ON GRANT AGREEMENT)		2. GRANT NUMBER (ASSIGNED BY CIWMB)	
3. GRANTEE INVOICE NUMBER (OPTIONAL)		4. PAYMENT REQUEST NUMBER	
5. TYPE OF PAYMENT REQUEST (ATTACH SUPPORTING DOCUMENTATION) <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement <input type="checkbox"/> Final		6. AMOUNT REQUESTED \$	
<b>7. Send warrant to:</b>			
ORGANIZATION/BUSINESS NAME			
CONTACT NAME			
ADDRESS			
CITY		STATE	ZIP CODE
<b>8. Certification of completion of General Checklist of Business Permits, Licenses and Filings (CIWMB 669)</b>			
<b>Initial appropriate box:</b>			
<input type="checkbox"/>	Form on file is current and complete		
<input type="checkbox"/>	Changes made since last checklist submitted (attach revised form, CIWMB 669)		
<b>9. I certify that the above information is correct and that all funds received have been or will be expended in accordance with the approved agreement for California Integrated Waste Management Board (CIWMB) grant funding.</b>			
Print or Type Name of Authorized Signatory (as authorized in resolution)		Title	
Signature of Authorized Signatory (as authorized in resolution)		Date	

CIWMB Staff Use Only	
10. REQUESTED AMOUNT	\$
11. ADDITIONS OR DEDUCTIONS, (IF ANY)	\$
12. LESS WITHHOLD, (IF APPLICABLE AND AUTHORIZED IN GRANT AGREEMENT)	\$
13. APPROVED AMOUNT	\$
14. COMMENTS	15. DATE RECEIVED
Approval Signature of CIWMB Grant Manager	Date approved
Approval Signature of CIWMB Program Manager	Date approved

see instructions on reverse side

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**Instructions for completing form**

SECTION	TITLE	DESCRIPTION
1.	GRANTEE NAME	Organization or business name as it appears on the grant agreement
2.	GRANT NUMBER (ASSIGNED BY CIWMB)	Grant number assigned by CIWMB as it appears on the grant agreement
3.	GRANTEE INVOICE NUMBER (OPTIONAL)	Number assigned to the payment request form by the Grantee
4.	PAYMENT REQUEST NUMBER	Start with 1 for the first payment request and number all subsequent payment requests consecutively
5.	TYPE OF PAYMENT REQUEST	Reimbursement– a typical payment request paid on a reimbursement basis Advance– an advance grant where funds were advanced or must have a letter justifying the advancement Final– is the final grant payment request of the project
6.	AMOUNT REQUESTED	Amount being requested for payment
7.	SEND WARRANT TO	Organization or business name, contact name, address, city, state, and zip code as it appears on grant agreement
8.	CERTIFICATION OF COMPLETION OF GENERAL CHECKLIST OF BUSINESS PERMITS, LICENSES AND PERMITS (CIWMB 669)	Certification by initialing if either; form on file is current and complete or if changes have been made since last checklist submitted (attach revised form, CIWMB 669)
9.	CERTIFICATION	Print or type name and title of person authorized in the Resolution/Letter of Authorization included with the grantee's application The person authorized in the Resolution/Letter of Authorization included with the grantee's application must sign and date
10.	REQUESTED AMOUNT	Amount requested by Grantee
11.	ADDITIONS OR DEDUCTIONS, (IF ANY)	Additions or deductions of requested amount determined by CIWMB Grant Manager
12.	LESS WITHHOLD, (IF APPLICABLE AND AUTHORIZED IN GRANT AGREEMENT)	Withhold amount authorized in the grant agreement and calculated by CIWMB Grant Manager
13.	APPROVED AMOUNT	Amount approved for payment by CIWMB Grant Manager
14.	COMMENTS	Comments about additions, deductions or general comments related to this payment request
15.	DATE RECEIVED	Date payment request was received by CIWMB

**Send grant payment request with supporting documentation (i.e. invoices and proof of payment) to:**

California Integrated Waste Management Board Attention: <i>(Insert name of assigned CIWMB Grant Manager)</i> 1001 "I" Street, P.O. Box 4025 Sacramento, CA 95812-4025
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